



REVIEWER'S REPORT

DATE OF REVIEW: 03/08/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twelve sessions of physical therapy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, with over 22 years of active and current practice in the specialty of Pain Management

REVIEW OUTCOME:

"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Physical therapy progress note from Pain and Recovery Clinic of North Houston, 01/19/10
2. Physician Adviser recommendation for nonauthorization, 01/26/10
3. Request for reconsideration from Pain and Recovery Clinic of North Houston, 02/05/10
4. Physician Adviser report recommending nonauthorization of requested twelve sessions of physical therapy, 02/09/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was allegedly injured on xx/xx/xx. No information regarding the claimant's injury was documented. The claimant was seen in a physical therapy followup on 01/19/10 complaining of constant sharp and dull lumbar pain with a pain level of 3/10

to 5/10. The pain was said to be aggravated by walking, pushing, lifting, pulling, bending, and squatting. Physical examination documented nonspecific lumbar paraspinal tenderness, 80 degrees of flexion, 12 degrees of flexion, and 15 degrees of left and right lateral flexion. The claimant complained of back pain with activities of daily living and decreased squatting tolerance. Dr. recommended the claimant continue active rehabilitation and enter “early stage of Phase Three” therapy. He then submitted a request for twelve additional sessions of physical therapy.

Initial Physician Adviser review on 01/26/10 recommended nonauthorization of the request, citing ODG Treatment Guidelines. It was also noted that the reviewer discussed the case with Dr., DC on 01/22/10 prior to issuing recommendation for nonauthorization.

On 02/05/10 Dr. wrote a letter requesting reconsideration of his request for twelve sessions of physical therapy but provided no further clinical information.

A second Physician Adviser reviewed the request on 02/09/10, also recommended nonauthorization. That Physician Adviser documented that he reviewed and discussed the case with chiropractor on 02/09/10 and that Dr. “agreed that no additional physical therapy is needed.”

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

According to the Physician Adviser’s reports, this claimant has already completed at least sixteen sessions of supervised physical therapy. According to ODG Treatment Guidelines, this would be more than a sufficient amount of physical therapy for almost any lumbar injury condition. Moreover, Dr. request cites the necessity for further treatment to “address functional deficits.” The physical therapy progress note of 01/19/10, however, documents no objective evidence of any functional deficits. Decreased lumbar range of motion is not considered a true functional deficit, and there is no Functional Capacity Evaluation data presented in either the initial request or request for reconsideration. Finally, and perhaps most importantly, the case was discussed with Dr., who is listed as the “Assistant Clinical Director” of the clinic run by Dr., who is documented as stating that “no additional PT is needed” in his discussion of the case with the second Physician Adviser. Having completed at least sixteen sessions of physical therapy at Dr. clinic, the claimant should now be self-sufficient in an active home exercise program. There is no medical reason or necessity nor ODG support for the claimant to attend twelve more physical therapy sessions as requested, especially given the Assistant Clinical Director’s assessment that no such treatment is needed. Therefore, the recommendations of the two previous Physician Advisers for nonauthorization of the additional twelve sessions of physical therapy are upheld. There is no medical reason or necessity for authorizing the request for twelve additional physical therapy sessions.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- _____ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- _____AHCPR-Agency for Healthcare Research & Quality Guidelines.
- _____DWC-Division of Workers' Compensation Policies or Guidelines.
- _____European Guidelines for Management of Chronic Low Back Pain.
- _____Interqual Criteria.
- _____Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- _____Mercy Center Consensus Conference Guidelines.
- _____Milliman Care Guidelines.
- _____ODG-Official Disability Guidelines & Treatment Guidelines.
- _____Pressley Reed, The Medical Disability Advisor.
- _____Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- _____Texas TACADA Guidelines.
- _____TMF Screening Criteria Manual.
- _____Peer reviewed national accepted medical literature (provide a description).
- _____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)